

Beyond the VHA Directive regarding capacity, this bill seeks to modify the current VA means-test threshold. For about fifteen years, the VA has determined a nonservice-connected veteran's ability to pay by comparing a veteran's income to a predetermined "means-test threshold." The threshold, expressed in annual household income, is an assumed income level that would be sufficient to a veteran to pay for health care in the community. If a veteran's income is below the "ability to pay" threshold, (currently \$23,688 for a single veteran without dependents) he or she is eligible for VA care, and permits the veteran to avoid the co-payments charged to higher-income veterans for VA health care services.

VA's one national standard income threshold has been criticized for years because of the disparities in living costs throughout the country.

The Department of Housing and Urban Development employs a system of ascertaining poverty levels for subsidized housing that is much more reflective of the cost of living around the country than the VA's means test. The Chairman of the Full Committee and I believe the HUD index should be used by VA to better reflect differences in economic factors.

Another provision of this bill explores improved coordination of VA ambulatory and community hospital care. This calls for a 4-year, 4-site pilot project in which the VA refers enrolled veterans to local community hospitals rather than transporting them to an urban VA facility hours away. This is one more way the VA can work to bring VA services closer to the veterans they serve.

Another pilot program proposed in this bill is a 4-year, 4-VISN program for managed care through an outside contractor in VA's \$500 million fee-basis and contract hospitalization program. A contractor would provide resource information and referral services to eligible veterans, RN staffed advice lines, coordination with assigned VA case managers, and a variety of reports and data on utilization, satisfaction, quality, access, and outcomes. This program provides care to service-connected veterans whose places of residence or health conditions prevents them to be geographically accessible to VA facilities, or available VA facilities cannot furnish the care or services required. This would also provide health care for life threatening emergencies when no VA facility is available.

Mr. Speaker, this bill makes important improvements in our veterans health care system. When Congress returns from the August break, the Subcommittee will consider this important legislation. I urge the members to support the bill on behalf of veterans.

LIFE OF MRS. MAMIE L.  
TOWNSEND

**HON. JULIA CARSON**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Ms. CARSON of Indiana. Mr. Speaker, it is with both sorrow and appreciation that I submit these remarks on behalf of the life and memory of Mrs. Mamie L. Harrington Townsend who departed this life last Saturday, July 28, 2001.

First I am grateful that Mrs. Townsend was loaned to us for such a long time. I feel a spe-

cial kinship to her and was saddened when I learned that she had taken a flight to California and whereupon she took another flight to heaven. We were similar in so many ways: Her mother's name is Julia. We both attended Crispus Attucks High School and IUPUI. We both love children, family, community, state and nation. We have backgrounds that reflect diverse employment and have been honored by many of the same organizations.

Mamie was universal in her commitments and volunteerism. She has been acclaimed Woman of the Year by her sorority and received the prestigious Sagamore of the Wabash; distinguished citizen, outstanding businesswoman, "Who's who among women", Sojourner Truth award, and Mary McCloud Bethune award among her many awards. Her greatest reward is yet to come.

Time and space does not accommodate her many achievements. She was simply a unique, tireless, and selfless person.

Mamie was my friend. She had a beautiful spirit. She was a continuous helper to more than we would ever know about.

The great book reminds us that there is a time for all things under the heaven. That there is a time to be born—she was born not once but twice. There is a time to die—she died—in the arms of Jesus.

She has enriched the lives of many—she inspired me especially.

To her family: thanks for sharing Mamie with us. Be strong and of good courage. You have so much to be proud of and to celebrate.

#### MOTOR VEHICLE OWNERS RIGHT TO REPAIR ACT

**HON. JOE BARTON**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Mr. BARTON of Texas. Mr. Speaker, today I am introducing the Motor Vehicle Owners Right to Repair Act. As the name implies, this bill will preserve a vehicle owners' freedom to choose where, how and by whom to repair their vehicles as well as their choice in car parts.

Right now, thousands of vehicle owners who are being turned away from their local repair facility. They are being denied the choice of working on their own vehicles, or the choice of replacement parts because information necessary to make these repairs or integrate replacement parts with the vehicle computer system is not readily available or not available at all. This isn't the way it used to be. Until recently, this information was either not necessary or widely available. But language in the 1990 Clean Air Act mandated that vehicle manufacturers install computer systems in vehicles 1994 and newer to monitor emissions. This law had the unintended consequence of making the vehicle manufacturer the gatekeeper on who can repair, or produce, replacement parts for the vehicle.

This lack of consumer choice will have a huge negative economic impact. An economic study examining this lack of choice's effect on California vehicle owners concluded that motorist repair bills in California alone would increase by 17 billion through 2008. Nation-wide this would equate to a huge tax increase on the American people and severely hurt low and fixed income motorists.

I believe that most vehicle owners who have for years taken for granted that any qualified repair technician of their choice, including themselves, may repair their vehicle have relied heavily on the quality, cost and convenience of the competitive independent aftermarket parts will be surprised to find that in many cases it no longer exists.

With this legislation, we put the motor vehicle owner back in the driver's seat.

#### MEDICARE REGULATORY AND CONTRACTING REFORM ACT OF 2001

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Mr. STARK. Mr. Speaker, today I am pleased to join Chairman NANCY JOHNSON (R-CT) in introducing legislation that will improve Medicare's administrative functions. Our bill addresses two very important problems in Medicare. First, it takes important steps to improve outreach and assistance to beneficiaries and providers, and to respond to certain other legitimate concerns raised by physicians and other providers. And second, it includes long overdue contracting reforms that will improve beneficiary and provider services and permit the consolidation of Medicare claims processing. Importantly, however, our legislation does not compromise the government's ability to protect taxpayer dollars from being inappropriately spent under Medicare.

Mr. Speaker, no public program can continue without strong public support, and I suggest that Medicare needs both public support and provider support. The Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), is constantly criticized for burdensome regulations and paperwork. Yet polls of physicians and other providers have shown that providers prefer Medicare over other payers because Medicare pays faster and does less second-guessing than other payers.

We need to improve the education and information processes for providers. It is hard for even the most seasoned Medicare analyst to keep track of all the payment and policy changes that have occurred in Medicare in the last few years. How can we expect providers to keep track of all of these changes while continuing to provide services? We need to do a much better job of educating and assisting physicians and other providers about these changes, and this legislation will help the CMS/HCFA do so.

Mr. Speaker, throughout the history of Medicare, we have relied on Medicare contractors—carriers and fiscal intermediaries—to provide information to beneficiaries and providers, but that process is outdated in the face of all of the changes. Although that approach worked well for many years, I think most stakeholders would agree that we need major improvements in the Medicare contracting processes. Every President since President Carter has proposed reforms to the administrative contracting provisions in Medicare, yet they have never been enacted. I hope we succeed this time.

Mr. Speaker, our legislation takes important steps to improve outreach and assistance to